



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1	Method of access you are requesting	13a	Previous Account
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____			
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			

PRINT or TYPE Company/Agency name

123 1st Call Bail Bonds, INC.

Contract contact/manager (IVIPS and Bulk records accounts)		Signing Authority name (Bulk records accounts only)	
Michael Thornton		Michael Thornton	
(Area code) Phone number	Email (required for IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
360-334-2856	WSBTRA@yahoo.com	360-334-2856	WSBTRA@yahoo.com

Physical address of business (Number and street, City, State, ZIP code)

824 Hoffman St, Woodland, WA 98674

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

P.O #1871 Woodland, WA 98674

Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
6a			

2 Provide a detailed explanation of your primary business activity (exactly what your business does).

WE POST CRIMINAL BONDS IN THE DISTRICT & SUPERIOR COURTS IN THE STATE OF WASHINGTON,

3 Check all that apply to you and/or your business

<input type="checkbox"/> Attorney	<input type="checkbox"/> Lien service	<input type="checkbox"/> Service bureau for another business
<input type="checkbox"/> Auction	<input type="checkbox"/> Marina	Provide business name:
<input type="checkbox"/> Auto manufacturer or agent	<input type="checkbox"/> Neighborhood block watch	_____
<input checked="" type="checkbox"/> Bail bonds	<input type="checkbox"/> Newspaper or media	<input type="checkbox"/> Storage facility
<input type="checkbox"/> Bank or financing firm	<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Title/Escrow
<input type="checkbox"/> Business	<input type="checkbox"/> Parking enforcement	<input type="checkbox"/> Toll facility
<input type="checkbox"/> Commercial parking company	<input type="checkbox"/> Private investigator	<input type="checkbox"/> Towing company
<input type="checkbox"/> Credit union	<input type="checkbox"/> Process server	<input type="checkbox"/> Transporter
<input type="checkbox"/> Data broker/Reseller	<input type="checkbox"/> Property mgmt. - Government	<input type="checkbox"/> Union (non-profit)
<input type="checkbox"/> Debt recovery/Collection	<input type="checkbox"/> Property mgmt. - Private	<input type="checkbox"/> Vehicle/Vessel dealer
<input type="checkbox"/> Employer/Prospective employer	<input type="checkbox"/> Repossession service	<input type="checkbox"/> I represent a business that will
<input type="checkbox"/> Government	<input type="checkbox"/> Retail/Store	provide information to another party
<input type="checkbox"/> Guardianship/Trustee service	<input type="checkbox"/> School - Private	Provide business names:
<input type="checkbox"/> Homeowner association	<input type="checkbox"/> School - Public	_____
<input type="checkbox"/> Hospital	<input type="checkbox"/> Scrap processor or wrecker	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Hulk hauler	<input type="checkbox"/> Security services - Government	_____
<input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Security services - Private	_____

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

IN ORDER TO OBTAIN A BAIL BOND A INDEMNITOR NEEDS TO USE COLLATERAL TO POST A CRIMINAL BOND. WE NEED TO VERIFY OWNERSHIP FOR USE OF COLLATERAL.

5 Rediscovery and/or selling of information

Will you sell or provide the information to anyone else? Sell Provide No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and rediscovery of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner?

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

~~Unsolicited business contact for commercial purposes is strictly prohibited.~~ No

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? Yes No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? Yes No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? Yes No

8 Check all that apply

I represent a government agency. Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? Yes No

I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

I represent a data broker/reseller – attach a legible copy of your current business license.
 IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

I am an attorney.* Attach legible copies of:

- your current business license
- your current bar card

I am a private investigator.* Attach legible copies of:

- your current Private Investigator license
- your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

President
 Title

X
 Signature

3/12/15 Cwrlt2

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 603 349 358
Business ID #: 1
Location: 1

123 1ST CALL BAIL BONDS, INC.
A 24/7 BAIL BONDS
320 W ALDER ST
SHELTON WA 98584 3432

TAX REGISTRATION

REGISTERED TRADE NAMES:
A 24/7
1ST CALL BAIL BONDS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink.

Director, Department of Revenue

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION
THIS CERTIFIES THAT THE BUSINESS NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, ASA



STATE OF WASHINGTON

BAIL BOND AGENCY
123 1ST CALL BAIL BONDS
320 WALDER ST
SHELTON WA 98584

Cert/Lic No.

2M46

Issued Date

04/27/2012

Expiration Date

04/27/2015

Pat Kohler
Pat Kohler, Director

PL-530-100 (Rev 13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, ASA

BAIL BOND AGENT

123 1ST CALL BAIL BONDS

MICHAEL L THORNTON

320 W ALDER ST
SHELTON WA 98584

Licensee Released -

Termination Date / /



Cert/Lic No.

3299

Issued Date

04/27/2012

Expiration Date

04/27/2015

Pat Kohler
Pat Kohler, Director

PL-530-159 (Rev 13)

Redaction Log

Reason	Page (# of occurrences)	Description
13a	1 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6a	1 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.